Washington State Department of Social & Health Services
HRSA Health & Recovery Services Administration

MANAGED CARE
EXEMPTION/DISENROLLMENT REQUEST

I am an American Indian/Alaska Native and wish to be exempted from or taken out of the Healthy Options program

NAME	ASSISTANCE UNIT NUMBER	DATE OF BIRTH	SOCIAL SECURITY NUMBER

Other American Indian/Alaska Native household members who wish to be exempted:

NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER

CLIENT'S SIGNATURE	DATE

DSHS 13-778 (04/2006)

Customer Service Center: 1-800-562-3022
Health and Recovery Services Administration
Division of Client Support
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Olympia, WA 98504-5505
FAX: 360-725-2144